

Medication Assisted Treatment

- Pharmacotherapy available for tobacco, alcohol and opioid treatment
- Currently no pharmacologic treatment for cocaine/stimulant abuse
- WHO 2014 Guidelines:
 - **Pregnant women dependent on opioids should be encouraged to use opioid maintenance treatment whenever available *rather than to attempt opioid detoxification.***

MAT in Pregnancy

- Benefits:
 - Increased adherence to PNC
 - Decreased illicit drug use
 - Decreased infection exposure
 - Improved maternal nutrition
 - Improves neonatal birth weight ¹
 - Decreased withdrawal and risk taking behaviors
 - Facilitates treatment retention and increases use of other treatment modalities including medical/psychiatric/social service care ²

MAT in Pregnancy

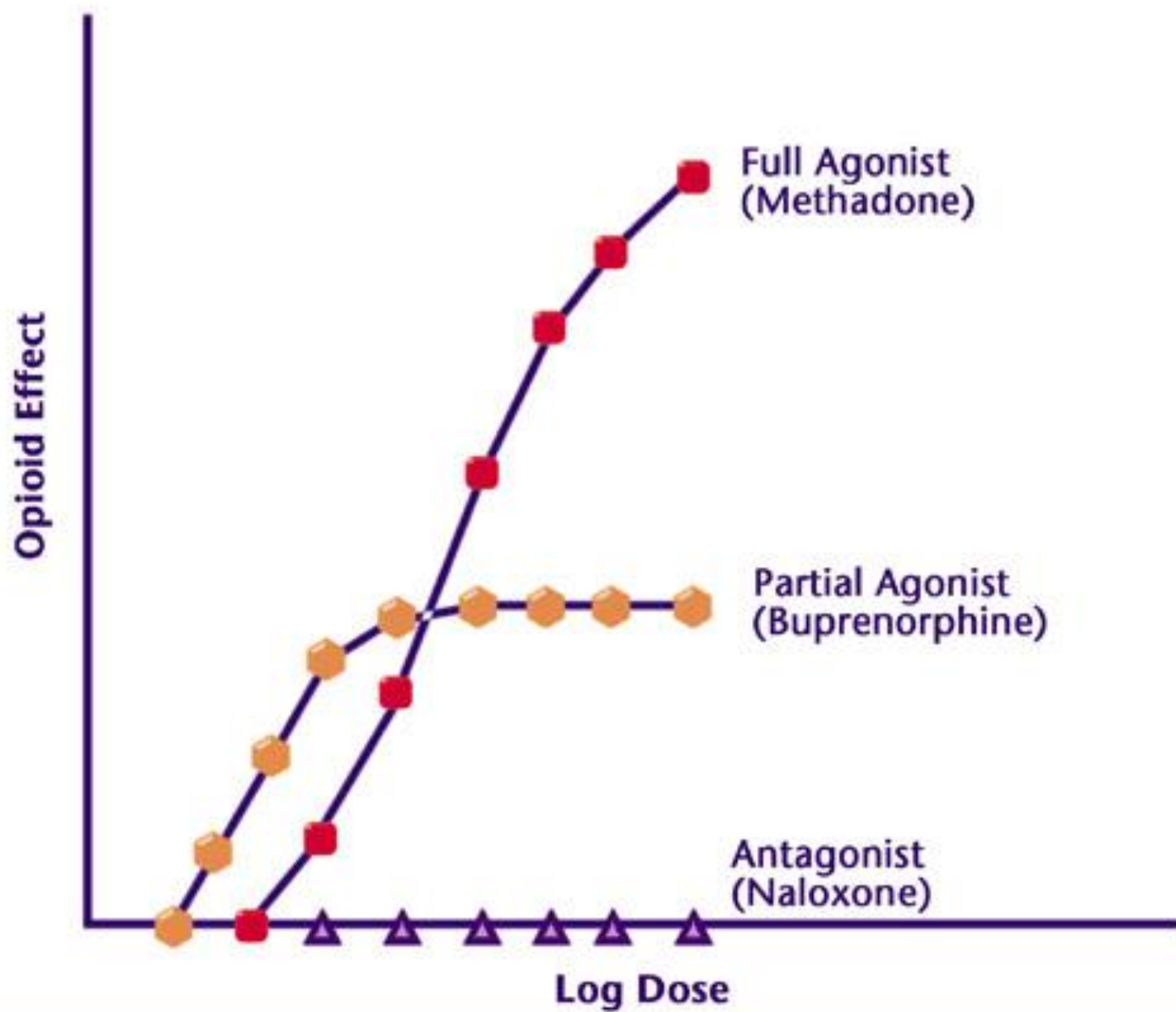
Table 2

Characteristics of Options for Maintenance Treatment

	Buprenorphine and Buprenorphine/Naloxone	Methadone
Pharmacologic Action	Buprenorphine: partial agonist Naloxone: full antagonist	Full agonist
Route of Administration	Sublingual	Oral
Dosing	Buprenorphine: 2-32 mg; naloxone: 0.5-8 mg; combination: 4:1 ratio	20-30 mg initially, then 60-120 mg
Administration	Daily to 3 times/wk	Daily
Common Side Effects	Headache, nausea, sweating, rhinitis, constipation	Cardiac dysrhythmia, hypotension, diaphoresis, constipation, nausea, vomiting, dizziness, sedation
Contraindications	Need for ongoing opioid agonists for pain relief, hypersensitivity	Hypersensitivity
Pregnancy Concerns	Category C; combination not recommended in pregnancy—replace with methadone or buprenorphine	Category C; current standard of care in pregnancy
Accessibility	Physician's office or opioid treatment program	Opioid treatment program
Regulatory Concerns	Physician may prescribe only with DEA-issued registration certificate code; 30-patient census/prescriber, then 100-patient census after 1st y; pharmacy may dispense up to 30-day supply based on schedule III	Physician may prescribe only to opioid-dependent patients for up to 72 h as bridge to treatment entry; only licensed opioid treatment programs may dispense; federal regulations govern dispensing frequency (e.g., daily, 3 times/wk, wkly)
Insurance Coverage	Specific to type of insurance	Specific to type of insurance

DEA: Drug Enforcement Administration.

Source: Reference 25.



Medication Assisted Treatment

- Methadone has been used to treat pregnant women since the early 1970s
- DATA 2000
 - Expanded medication-assisted treatment for opioid dependency
 - Allows qualified physicians to prescribe approved schedule III, IV and IV narcotic medications to treat OUD in settings other than an opioid treatment program (OTP) – i.e. buprenorphine

MOTHER Study

- Randomized, double-blind controlled trial that compared methadone-exposed neonates vs buprenorphine-exposed neonates
- Similar maternal treatment and delivery outcomes between the medications
- Compared to methadone-exposed infants, buprenorphine-exposed infants:
 - Required 89% less morphine to treat NAS
 - Spent 43% less time in the hospital
 - Spent 58% less time in hospital being medicated for NAS
- NAS treatment rates did not differ significantly between the groups
- Women on buprenorphine were more likely to discontinue treatment (28/86 vs 16/89) ³

PROJECT

CARA

Respect
Recovery
Resilience

Clinic Team

- MFM head
- 2 Prescribers (1 MD, 1 NP- 1 NP pending)
- 1 NP/psychiatry back ground
- 1 LCAS
- 1 Lead RN (pending CSAC)
- 1 Lead MA (pending CSAC)
- 1 support MA

Comprehensive Team

- Women's Recovery Center
- NAS Coordinator
- ADATC intake RN
- DSS prevention worker

Project CARA Service Area

- 24-27y/o
- Multiparous
- White
- Medicaid
- Opioids/Opiates
- 50% Buncombe County, 50% surrounding counties



The counties of Western North Carolina

- Data obtained from MAHEC database, patients seen in routine care as well as consultation from 2013-2015 with drug dependence in pregnancy code

References

1. Mozurkewich EL, Rayburn WF. Buprenorphine and methadone for opioid addiction during pregnancy. *Obste Gyencol Clin N Am*. 2014; 41: 241-53.
2. Jones HE,, et al. Methadone maintenance vs methadone taper during pregnancy: maternal and neonatal outcomes. *Am J Addict*. 2008; 17(5): 372-86.
3. Jone HE, et al. Neonatal abstinence syndrome after methadone or buprenorphine exposure. *N Engl J Med*. 2010; 363: 2320-31.